

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1					
2		1				
3						
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TOTAL INO.	5					
TOTAL DEP.	17					
TOTAL	22	111111	111111	111111	111111	111111

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TOTAL INO.		111111	111111	111111	111111	111111
TOTAL DEP.		111111	111111	111111	111111	111111
TOTAL	22	111111	111111	111111	111111	111111